

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE			
								APPLICANT(S)					
CLAIMS								*	*	*	*		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3	1						53						
4							54						
5							55						
6	1						56						
7							57						
8							58						
9	1						59						
10							60						
11	X						61						
12	1		1				62						
13	1						63						
14	2		2				64						
15	2		2				65						
16	2		2				66						
17	2		2				67						
18	2		2				68						
19	2		2				69						
20	2		2				70						
21			1				71						
22	1						72						
23	2		2				73						
24	X						74						
25			1				75						
26							76						
27			1				77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	25	←	31	←			TOTAL DEP.						
TOTAL CLAIMS	32		35				TOTAL CLAIMS						